

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____ Chapter 11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	<u>A Goodnight Sleepstore, Inc.</u>	
<hr/>			
2.	All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>FDBA G.N.S. Enterprises, LLC</u> <u>FDBA G.N.S. Enterprises/Fayetteville, LLC</u> <u>FDBA G.N.S. Enterprises/Columbia, LLC</u>	
<hr/>			
3.	Debtor's federal Employer Identification Number (EIN)	<u>27-1527360</u>	
<hr/>			
4.	Debtor's address	Principal place of business <u>6502 Market Street</u> <u>Wilmington, NC 28405</u> <small>Number, Street, City, State & ZIP Code</small> <u>New Hanover</u> <small>County</small>	Mailing address, if different from principal place of business <hr/> <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <hr/> <small>Number, Street, City, State & ZIP Code</small>
<hr/>			
5.	Debtor's website (URL)	<u>www.agoodnightsleepstore.com</u>	
<hr/>			
6.	Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4422**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 4, 2017**
MM / DD / YYYY**X /s/ Sonny D. Langley**
Signature of authorized representative of debtor**Sonny D. Langley**
Printed nameTitle **President****18. Signature of attorney****X /s/ Richard P. Cook**
Signature of attorney for debtorDate **July 4, 2017**
MM / DD / YYYY**Richard P. Cook**
Printed name**Richard P. Cook. PLLC**
Firm name**dba Cape Fear Debt Relief**
7036 Wrightsville Avenue, Suite 101
Wilmington, NC 28403
Number, Street, City, State & ZIP CodeContact phone **(910)399-3458** Email address **CapeFearDebtRelief@gmail.com****37614**
Bar number and State

**RESOLUTIONS OF THE BOARD OF DIRECTORS
OF A GOODNIGHT SLEEPSTORE, INC.**

The undersigned, being all of the directors of A Goodnight Sleepstore, Inc. (the "Company"), do hereby adopt the following resolutions by signing their written consent hereto and by the execution of this consent do hereby waive any and all formalities regarding notice of time, date, place and purpose of meeting.

WHEREAS, the directors of the Company have evaluated the Company's alternatives in connection with its current financial condition and have determined that the filing of a voluntary petition for relief (the "Petition") under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") in the Eastern District of North Carolina is in the best interests of the Company; and

RESOLVED, that the Company shall be, and hereby is authorized to file a Petition for relief under Title 11 of the United States Bankruptcy Code, in the Eastern District of North Carolina (the "Bankruptcy Court") and perform any and all such acts as are reasonable, advisable, expedient, convenient, proper, or necessary to effect any of the foregoing;

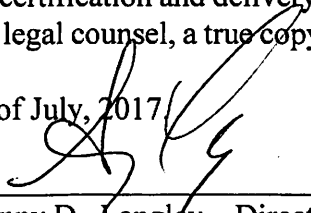
FURTHER RESOLVED, that Sonny D. Langley shall be authorized to act on behalf of the Company with respect to all of the Company's bankruptcy proceedings, including but not limited to signing any and all documents pertaining to the Company's bankruptcy and attending any and all hearings and conferences related to the Company's bankruptcy;

FURTHER RESOLVED, that any officer of the Company, or any other such person designated by the Company, shall be, and each of them, acting alone, hereby is, authorized, directed and empowered on behalf of, and in the name of, the Company to: (a) execute, acknowledge, deliver, verify, and file or cause to be filed all petition, schedules, statements, lists, motions, applications, and other papers or documents necessary or desirable in connection with the foregoing; and (b) execute, acknowledge, deliver, and verify any and all other documents necessary or appropriate in connection therewith or to administer the Company's chapter 11 case in such form;

FURTHER RESOLVED, that all acts lawfully done or actions lawfully taken or to be taken by the Company in connection with the implementation of these resolutions in all respects are hereby ratified, confirmed, and approved; and

FURTHER RESOLVED, that the Chairman of the Board of Directors is hereby authorized to certify and deliver, to any person to whom such certification and delivery may be deemed necessary or appropriate in the opinion of the Company or its legal counsel, a true copy of the foregoing resolutions.

This action is effective as of the 3rd day of July, 2017.



Sonny D. Langley – Director & Sole Shareholder

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 4, 2017****X /s/ Sonny D. Langley**

Signature of individual signing on behalf of debtor

Sonny D. Langley

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name A Goodnight Sleepstore, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2017 to **Filing Date****Sources of revenue**
Check all that apply☐ Operating a business☒ Other Retail Mattress Sales (through June 30, 2017)**Gross revenue**
(before deductions and exclusions)\$1,574,770.57**For prior year:**From 1/01/2016 to 12/31/2016☐ Operating a business☒ Other Retail Mattress Sales\$3,798,638.26**For year before that:**From 1/01/2015 to 12/31/2015☐ Operating a business☒ Other Retail Mattress Sales\$5,018,486.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Funding Metrics, LLC dba Quick Fix Capital Attn: Managing Officer/Agent PO Box 519 Langhorne, PA 19047 Insider	Weekday drafts from debtor's bank account since August 16, 2016	\$253,176.76	Purported sale of future receivables agreement

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
South Carolina Dept. of Revenue Attn: Managing Officer/Agent 300A Outlet Pointe Boulevard Columbia, SC 29210	South Carolina Department of Revenue levied \$7,200.00 from the Debtor's First Citizens bank account. Last 4 digits of account number: <u>3387</u>	June 2017	\$7,200.00

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Chela Scott v. Camden Kyle Thompson and A Goodnight Sleepstore, Inc. 17 CVS 1792	Personal Injury	Cumberland County Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known) _____

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Richard P. Cook, PLLC dba Cape Fear Debt Relief 7036 Wrightsville Avenue, Suite 101 Wilmington, NC 28403	\$4,000.00 - Chapter 11 Attorney Fees	April 27, 2017	\$4,000.00
Email or website address Richard@CapeFearDebtRelief.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known)

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Funding Metrics, LLC dba Quick Fix Capital Attn: Managing Officer/Agent PO Box 519 Langhorne, PA 19047	Purported sale of future receivables	August 2016, December 2016	Unknown
	Relationship to debtor Insider			
13.2	Former employee	Debtor transferred an inoperable 2004 Isuzu box truck to a former employee in consideration for taking title to the vehicle, taking over the insurance and tax expenses, and repairing the vehicle.	May 2017	\$0.00
	Relationship to debtor None			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold,

Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known)

moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Mattress vendors	Various stores	Debtor has possession of displays of its various mattress vendors throughout its four stores.	\$0.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☒ No.☐ Yes. Provide details below.

Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known) _____

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. RSM US LLP 300 N Third Street Suite 500 Wilmington, NC 28401	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known)

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Sonny D. Langley	210 Tanbridge Road Wilmington, NC 28405	President and Sole Director	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
- ☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
David P. Heidenreich (deceased)		Former President and 50% Owner	2003 - 2015

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Sonny D. Langley 210 Tanbridge Road Wilmington, NC 28405	approximately \$30,000.00	Over the past twelve months	Owner draws for living expenses
Relationship to debtor President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor A Goodnight Sleepstore, Inc.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 4, 2017

/s/ Sonny D. Langley

Signature of individual signing on behalf of the debtor

Sonny D. Langley

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 268,696.50
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 268,696.50

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 287,827.28
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 355,297.54
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 362,934.66
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 1,006,059.48

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Capital One Bank Attn: Managing Officer/Agent PO Box 30285 Salt Lake City, UT 84130		Credit card purchases				\$10,307.85
Capital One Bank Attn: Managing Officer/Agent PO Box 30285 Salt Lake City, UT 84130		Credit card purchases				\$1,616.30
Corsicana Bedding, Inc. Attn: Managing Officer/Agent PO Box 1050 Corsicana, TX 75151		Inventory purchases				\$30,691.97
Cross Creek Land Company, LLC Attn: Managing Officer/Agent 5019 Carolina Beach Road Wilmington, NC 28412		Lease breach	Disputed			\$19,224.90
Discover Financial Services - Sam's Attn: Managing Officer/Agent PO Box 30943 Salt Lake City, UT 84130-0943		Credit card purchases				\$14,076.00

Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Funding Metrics, LLC dba Quick Fix Attn: Managing Officer/Agent 884 Town Center Drive Langhorne, PA 19047		Mattress inventory Value of inventory located at 6502 Market Street, Wilmington, NC - \$72,721.00 Value of inventory located at 801 S. College Road	Disputed	\$44,041.68	\$208,144.00	\$44,041.68
Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101		940/941 Withholding taxes				\$250,000.00
Leggett & Platt, Incorporated Attn: Managing Officer/Agent PO Box 140 Linwood, NC 27299		Inventory purchases				\$7,482.30
North Carolina Dept. of Revenue Attn: Bankruptcy Unit PO Box 1168 Raleigh, NC 27602		Sales and withholding taxes				\$45,000.00
Piedmont Natural Gas Attn: Managing Officer/Agent PO Box 33068 Charlotte, NC 28233		Utility service				\$399.85
Plan A Advertising, LLC Attn: Managing Officer/Agent 3724 Shipyard Blvd, Suite C Wilmington, NC 28403		Advertising services				\$780.00
Sealy, Inc. Attn: Managing Officer/Agent 239 Sealy Drive Trinity, NC 27370		Inventory purchases				\$126,905.62

Debtor **A Goodnight Sleepstore, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Sears Credit Cards Attn: Managing Officer/Agent PO Box 6282 Sioux Falls, SD 57117		Business credit card purchases				\$14,000.00
Serta Simmons Bedding, LLC Attn: Managing Officer/Agent 6540 Judge Adams Rd Whitsett, NC 27377		Inventory purchases				\$54,022.00
Simmons Manufacturing Co., LLC Attn: Managing Officer/Agent One Concourse Parkway, Suite 800 Atlanta, GA 30328		Mattress inventory Value of inventory located at 6502 Market Street, Wilmington, NC - \$72,721.00 Value of inventory located at 801 S. College Road		\$243,785.60	\$208,144.00	\$35,641.60
Sonny D. Langley 210 Tanbridge Road Wilmington, NC 28405		Loans to business				\$37,482.54
South Carolina Dept. of Revenue Attn: Managing Officer/Agent 300A Outlet Pointe Boulevard Columbia, SC 29210		Sales and withholding taxes	Disputed			\$60,000.00
Tempur-Pedic North America, LLC Attn: Managing Officer/Agent PO Box 202707 Dallas, TX 75320		Inventory purchases				\$7,630.00
Time Warner Cable Attn: Managing Officer/Agent PO Box 70872 Charlotte, NC 28272		Utility service				\$1,035.52
Wells Fargo Bank Attn: Managing Officer/Agent PO Box 14517 Des Moines, IA 50306		Business line of credit				\$35,736.73

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **First Citizens Bank****Checking****3387****\$19,552.50****Wells Fargo Bank, N.A.**3.2. **Account balance is negative****Checking****3025****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$19,552.50**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (If known) _____

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Mattress inventory				
	Value of inventory located at 6502 Market Street, Wilmington, NC - \$72,721.00				
	Value of inventory located at 801 S. College Road, Wilmington, NC - \$36,782.00				
	Value of inventory located at 934 Robeson Street, Fayetteville, NC - \$51,604.00				
	Value of inventory located at 1732 Skibo Road, Fayetteville, NC - \$47,037.00				
		June 2017	\$0.00	Recent cost	\$208,144.00

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$208,144.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (If known) _____

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Desks, chairs	\$0.00	Liquidation	\$500.00
40.	Office fixtures Signage	\$0.00	Liquidation	\$1,000.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers, copiers, cash register	\$0.00	Liquidation	\$1,500.00
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$3,000.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2004 Pace Trailer			
	VIN: 4FPFB12164G083652	\$0.00	Liquidation	\$500.00

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (If known) _____

47.2. **2012 Toyota Prius**VIN: JTDKN3DUXC1542181\$0.00NADA\$8,500.0047.3. **2006 Isuzu Box Truck**VIN: JALB4B16067010795\$0.00Liquidation\$5,000.0047.4. **2006 Isuzu Box Truck**Last four of VIN: 3331Vehicle is currently in the repair shop\$0.00Liquidation\$2,500.0047.5. **2006 Isuzu Box Truck**Last four of VIN: 2644\$0.00Liquidation\$5,000.0047.6. **2006 Isuzu Box Truck**Last four of VIN: 1902Vehicle is inoperable\$0.00Liquidation\$500.0047.7. **2006 Ford F-150**Last four of VIN: 1842\$0.00NADA\$5,000.0047.8. **2004 Ford F-150**Last four of VIN: 3463\$0.00NADA\$3,500.0047.9. **2007 Sterling truck**Last four of VIN: 2236\$0.00Liquidation\$7,500.0048. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$38,000.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (If known) _____

☐ Yes**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>AGoodnightSleepStore.com</u>	<u>\$0.00</u>		<u>\$0.00</u>

62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10. \$0.00

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
- ☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable
Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Official Form 206A/B Schedule A/B Assets - Real and Personal Property

page 5

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (If known) _____

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Business Auto, Property and Worker's Compensation
Policies with Nationwide P&C Insurance, Co. **\$0.00**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$19,552.50	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$208,144.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$3,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$38,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$268,696.50	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$268,696.50

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Funding Metrics, LLC dba Quick Fix Creditor's Name Attn: Managing Officer/Agent 884 Town Center Drive Langhorne, PA 19047 Creditor's mailing address Creditor's email address, if known Date debt was incurred December 19, 2016 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. Simmons Manufacturing Co., LLC 2. Funding Metrics, LLC dba Quick Fix	Describe debtor's property that is subject to a lien Mattress inventory Value of inventory located at 6502 Market Street, Wilmington, NC - \$72,721.00 Value of inventory located at 801 S. College Road, Wilmington, NC - \$36,782.00 Value of inventory located at 934 Robeson Street, Fayettevi Describe the lien UCC Filing Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$44,041.68	\$208,144.00

2.2	Simmons Manufacturing Co., LLC Describe debtor's property that is subject to a lien	\$243,785.60	\$208,144.00
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Debtor **A Goodnight Sleepstore, Inc.**

Case number (if know)

Name

Creditor's Name

Mattress inventory

**Attn: Managing
Officer/Agent
One Concourse Parkway,
Suite 800
Atlanta, GA 30328**

**Value of inventory located at 6502 Market
Street, Wilmington, NC - \$72,721.00
Value of inventory located at 801 S. College
Road, Wilmington, NC - \$36,782.00
Value of inventory located at 934 Robeson
Street, Fayettevi**

Creditor's mailing address

Describe the lien

UCC Filing

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

April 26, 2013

Last 4 digits of account number

8219Do multiple creditors have an
interest in the same property?☐ No

☒ Yes. Specify each creditor,
including this creditor and its relative
priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$287,827.28**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

**Simmons Manufacturing Co., LLC
Attn: Managing Officer/Agent
5100-R West Harris Blvd
Charlotte, NC 28269**

Line **2.2**

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Brunswick County Revenue Attn: Managing Officer/Agent PO Box 580335 Charlotte, NC 28231	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address City of Columbia, SC - Tax Office Attn: Managing Officer/Agent 1136 Washington St Columbia, SC 29201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$297.54	\$297.54
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Ad valorem property taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	A Goodnight Sleepstore, Inc. Name	Case number (if known)
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2.3	Priority creditor's name and mailing address Cumberland County Tax Admin Office Attn: Managing Officer/Agent PO Box 449 Fayetteville, NC 28302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For notice purposes only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250,000.00	\$250,000.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 940/941 Withholding taxes <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address New Hanover County Tax Office Attn: Managing Officer/Agent 230 Government Center Dr, Suite 190 Wilmington, NC 28403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For notice purposes only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address North Carolina Dept. of Revenue Attn: Bankruptcy Unit PO Box 1168 Raleigh, NC 27602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$45,000.00	\$45,000.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales and withholding taxes <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	A Goodnight Sleepstore, Inc. Name	Case number (if known)	
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2.7	Priority creditor's name and mailing address South Carolina Dept. of Revenue Attn: Managing Officer/Agent 300A Outlet Pointe Boulevard Columbia, SC 29210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$60,000.00	\$60,000.00
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Date or dates debt was incurred	Basis for the claim: Sales and withholding taxes
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address American Express Centurion Bank Attn: Managing Officer/Agent PO Box 981537 El Paso, TX 79998	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	
-----	--	---	---------------	--

Date(s) debt was incurred	Basis for the claim: For notice purposes only
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.2	Nonpriority creditor's name and mailing address Ard's Container Service Attn: Managing Officer/Agent 1101 1st Street, S. Columbia, SC 29209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$398.24	
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Date(s) debt was incurred	Basis for the claim: Trash removal
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.3	Nonpriority creditor's name and mailing address Capital One Bank Attn: Managing Officer/Agent PO Box 30285 Salt Lake City, UT 84130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,616.30	
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Date(s) debt was incurred	Basis for the claim: Credit card purchases
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.4	Nonpriority creditor's name and mailing address Capital One Bank Attn: Managing Officer/Agent PO Box 30285 Salt Lake City, UT 84130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,307.85	
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Date(s) debt was incurred	Basis for the claim: Credit card purchases
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address Chela Scott c/o Britton Law, P.A. 2850 Village Drive, Suite 206 Fayetteville, NC 28304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	
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Date(s) debt was incurred	Basis for the claim: Claims for negligence and personal injury
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor A Goodnight Sleepstore, Inc. Name		Case number (if known)	
3.6	Nonpriority creditor's name and mailing address Corsicana Bedding, Inc. Attn: Managing Officer/Agent PO Box 1050 Corsicana, TX 75151 Date(s) debt was incurred ____ Last 4 digits of account number 5597	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,691.97
3.7	Nonpriority creditor's name and mailing address Cross Creek Land Company, LLC Attn: Managing Officer/Agent 5019 Carolina Beach Road Wilmington, NC 28412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease breach</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,224.90
3.8	Nonpriority creditor's name and mailing address D.O. Smith Estate Attn: Managing Officer/Agent 301 Park Lake Road Columbia, SC 29223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease of now closed Columbia store</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address Discover Financial Services - Sam's Attn: Managing Officer/Agent PO Box 30943 Salt Lake City, UT 84130-0943 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,076.00
3.10	Nonpriority creditor's name and mailing address Leggett & Platt, Incorporated Attn: Managing Officer/Agent PO Box 140 Linwood, NC 27299 Date(s) debt was incurred ____ Last 4 digits of account number 9824	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,482.30
3.11	Nonpriority creditor's name and mailing address Nationwide P&C Insurance Co. Attn: Managing Officer/Agent One Nationwide Plaza Columbus, OH 43215-2220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Any and all claims arising under Business Auto policy as a result of pending personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.12	Nonpriority creditor's name and mailing address Piedmont Natural Gas Attn: Managing Officer/Agent PO Box 33068 Charlotte, NC 28233 Date(s) debt was incurred ____ Last 4 digits of account number 5001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.85

Debtor	A Goodnight Sleepstore, Inc. Name	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address Piedmont Natural Gas Attn: Managing Officer/Agent PO Box 33068 Charlotte, NC 28233 Date(s) debt was incurred _____ Last 4 digits of account number 1002	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$121.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Plan A Advertising, LLC Attn: Managing Officer/Agent 3724 Shipyard Blvd, Suite C Wilmington, NC 28403 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$780.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Sealy, Inc. Attn: Managing Officer/Agent 239 Sealy Drive Trinity, NC 27370 Date(s) debt was incurred _____ Last 4 digits of account number 2000	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$126,905.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Sears Credit Cards Attn: Managing Officer/Agent PO Box 6282 Sioux Falls, SD 57117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address Serta Simmons Bedding, LLC Attn: Managing Officer/Agent 6540 Judge Adams Rd Whitsett, NC 27377 Date(s) debt was incurred _____ Last 4 digits of account number 0463	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,022.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Sonny D. Langley 210 Tanbridge Road Wilmington, NC 28405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,482.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans to business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Tempur-Pedic North America, LLC Attn: Managing Officer/Agent PO Box 202707 Dallas, TX 75320 Date(s) debt was incurred _____ Last 4 digits of account number 7407	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,630.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **A Goodnight Sleepstore, Inc.**
Name

Case number (if known)

3.20	Nonpriority creditor's name and mailing address Time Warner Cable Attn: Managing Officer/Agent PO Box 70872 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number 1901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357.55
3.21	Nonpriority creditor's name and mailing address Time Warner Cable Attn: Managing Officer/Agent PO Box 70872 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number 5203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.56
3.22	Nonpriority creditor's name and mailing address Time Warner Cable Attn: Managing Officer/Agent PO Box 70872 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number 5402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,035.52
3.23	Nonpriority creditor's name and mailing address Time Warner Cable Attn: Managing Officer/Agent PO Box 70872 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number 6201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.33
3.24	Nonpriority creditor's name and mailing address Time Warner Cable Attn: Managing Officer/Agent PO Box 70872 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number 7001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.35
3.25	Nonpriority creditor's name and mailing address Wells Fargo Bank Attn: Managing Officer/Agent PO Box 14517 Des Moines, IA 50306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business line of credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,736.73

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor A Goodnight Sleepstore, Inc.		Case number (if known)
Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.1	Alan M. Solana, Attorney At Law Attn: Managing Officer/Agent 1650 Military Cutoff Rd, Suite 200 Wilmington, NC 28403	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____
4.2	Carthens Law Firm, PLLC Attn: Managing Officer/Agent 804 Stamper Road, Suite 201 Fayetteville, NC 28303	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____
4.3	Leggett & Platt, Incorporated Attn: Managing Officer/Agent 160 Mine Lake Court, Suite 200 Raleigh, NC 27615	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____
4.4	Sealy, Inc. Attn: Managing Officer/Agent PO Box 932621 Atlanta, GA 31193	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____
4.5	Serta Simmons Bedding, LLC Attn: Managing Officer/Agent 160 Mine Lake Court, Suite 200 Raleigh, NC 27615-6417	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____
4.6	SWM Investors Attn: Managing Officer/Agent 301 Park Lake Road Columbia, SC 29223	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____
4.7	Tempur-Pedic North America, LLC Attn: Managing Officer/Agent 212 South Tryon St, Suite 1000 Charlotte, NC 28281-0001	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____
4.8	Welch and Avery Attn: Managing Officer/Agent 636 Court Street Jacksonville, NC 28540	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 355,297.54
5b. +	\$ 362,934.66
5c.	\$ 718,232.20

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial real property located at 1732 Skibo Road, Fayetteville, NC 28303. Lease to run through April 2020 at \$10,800.00 per month.

State the term remaining

3 years

List the contract number of any government contract _____

**Cross Creek Plaza, Inc.
Attn: Managing Officer/Agent
PO Box 53646
Fayetteville, NC 28303**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial real property located at 934 Robeson Street, Fayetteville, NC 28305. Lease is on a month-to-month basis. Month-to-month

State the term remaining

List the contract number of any government contract _____

**Demetrious/Georgia/Theo Perivolaris
Attn: Mr. Steve Paris
DP Limited Partnership
1126 Offshore Drive
Fayetteville, NC 28305**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Lease of commercial real property located at 6502 Market Street, Wilmington, NC 28405. Lease is on a month-to-month basis. Month to month

State the term remaining

List the contract number of any government contract _____

**Kenneth G. Lloyd
PO Box 10720
Wilmington, NC 28404-0720**

Debtor 1 **A Goodnight Sleepstore, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Lease of commercial real property located at 801 S. College Rd, Wilmington, NC 28403. Lease to run through February 2018 at \$7,200.00 per month. 9 months

**The University of North Carolina
Attn: UNCW Director of Real Estate
601 S. College Road CB5918
Wilmington, NC 28403-5918**

Fill in this information to identify the case:Debtor name **A Goodnight Sleepstore, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Sonny D. Langley****210 Tanbridge Road
Wilmington, NC 28405****Funding Metrics, LLC
dba Quick Fix**☒ D **2.1**
☐ E/F _____
☐ G _____**2.2 Sonny D. Langley****210 Tanbridge Road
Wilmington, NC 28405****Cross Creek Land
Company, LLC**☐ D _____
☒ E/F **3.7**
☐ G _____**2.3 Sonny D. Langley****210 Tanbridge Road
Wilmington, NC 28405****American Express
Centurion Bank**☐ D _____
☒ E/F **3.1**
☐ G _____

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
WILMINGTON DIVISION**

IN RE:

A GOODNIGHT SLEEPSTORE, INC.,

**CASE NO.:
CHAPTER 11**

DEBTOR(S)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above mentioned debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept

\$Amount unknown
(To be determined by the Court)

Prior to filing this statement, I have received \$ 4,000.00

In addition, I am holding in trust for Attorney's fees \$ 0.00

Amount of Attorney's fees incurred in preparation of this Chapter 11 case (See attached billing log) \$ 5,730.50

As of the filing of this case, I was owed Attorney's fees
Incurred in preparation of this Chapter 11 case \$ 1,730.50

2. The source of compensation paid to me is:

☒ Debtor

☐ Other:

3. The source of compensation to be paid to me is:

☒ Debtor

☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice and assistance to the debtor in determining whether to file a petition under Title 11, United States Code;
 - b) Preparation and filing of any petition, schedule, statement of affairs, and other documents required by the court;
 - c) Representation of the debtor at the meeting of creditors, confirmation hearing and any adjourned hearings thereof;
 - d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e) Additional fees to be approved by the Bankruptcy Court
6. By agreement with the debtor, the above disclosed fee does not include the following services:

Not applicable.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or agreement for payment to me for representation of the debtor in this bankruptcy proceeding.

Dated: July 4, 2017

RICHARD P. COOK, PLLC

/s/ Richard P. Cook

Richard P. Cook

Attorney for the Debtor(s)

NC Bar 37614

7036 Wrightsville Ave., Suite 101

Wilmington, NC 28403

Telephone: (910) 399-3458

Facsimile: (877) 836-6822

Email: Richard@CapeFearDebtRelief.com

Richard P. Cook

Board Certified Specialist in
Consumer and Business Bankruptcy



7036 Wrightsville Ave., Suite 101
Wilmington, North Carolina 28403
(910) 399-3458
Richard@CapeFearDebtRelief.com

A GOODNIGHT SLEEPSTORE, INC. BILLING LOG OF ATTORNEY FOR DEBTOR

CHAPTER 11 CASE NO. 17-0000-5-

DATE	STAFF	DESCRIPTION	TIME	RATE	AMOUNT
4/19/2017	RPC	Meeting with Sonny Langley re possible bankruptcy filing for AGNSS	2	No charge	\$0.00
4/24/2017	RPC	Meeting with Sonny Langley re possible Ch. 11 filing for AGNSS	1.4	\$275.00	\$385.00
4/24/2017	RPC	Drafting of Fee Agreement	0.3	\$275.00	\$82.50
4/24/2017	RPC	Review of NC SOS re. A Goodnight Sleepstore	0.2	\$275.00	\$55.00
4/24/2017	RPC	Drafting of email correspondence to Sonny L. re. documents needed	0.3	\$275.00	\$82.50
4/24/2017	RPC	Meeting with Ruth Green on instructions re opening file	0.1	\$275.00	\$25.50
4/24/2017	RG	Meeting with Richard Cook for instructions on opening file and opening of file	0.2	\$95.00	\$19.00
5/1/2017	RPC	Telephone conference with Sonny re. bank accounts, documents	0.2	\$275.00	\$55.00
5/9/2017	RPC	Telephone conference with Sonny re. documents	0.2	\$275.00	\$55.00
5/10/2017	RPC	Drafting of email correspondence to Sonny re. documents needed	0.2	\$275.00	\$55.00
5/10/2017	RPC	Legal research re. validity of future sale agreements, drafting of AP (preference, fraudulent conveyance, et al v. Quick Fix Capital)	3.6	\$275.00	\$990.00
5/11/2017	RPC	Preparation of Chapter 11 Schedules	2.1	\$275.00	\$577.50
5/13/2017	RPC	Continued drafting of Chapter 11 Schedules, drafting of email correspondence to Sonny re. documents needed	2.3	\$275.00	\$632.50
5/18/2017	RG/TT	Telephone conference with NC DMV re. motor vehicle search for AGNSS	0.8	\$95.00	\$76.00
5/26/2017	RPC	Continued legal research re. validity of future sale agreements and reclassification as loan, insider status of Quick Fix, drafting of AP (preference, fraudulent conveyance, et al v. Quick Fix Capital)	3.5	\$275.00	\$962.50
6/5/2017	RPC	Telephone conference with Sonny L. re. information needed for Chapter 11 schedules, update on business	0.2	\$275.00	\$55.00
6/20/2017	RPC	Review of emails from Sonny, re emergency filing, closing of bank accounts, responses to same	0.4	\$275.00	\$110.00
6/27/2017	RPC	Meeting with Sonny L. re information needed for Chapter 11 schedules, timing of Ch. 11 filing, possible AP against QuickFix	0.5	\$275.00	\$137.50
7/2/2017	RPC	Review of email from Sonny re Monday meeting, resp to same	0.1	\$275.00	\$27.50
7/3/2017	RPC	Meeting with Sonny re continued finalizing of schedules, review of documents from Sonny re schedules	1.4	\$275.00	\$385.00
7/4/2017	RPC	Continued preparation of Chapter 11 schedules, finalization of same (2.5), meeting with Sonny at Market Street store to review and sign Chapter 11 schedules (1.0)	3.5	\$275.00	\$962.50
Total					\$5,730.50

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VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **July 4, 2017**

/s/ Sonny D. Langley

Sonny D. Langley/President

Signer/Title

Alan M. Solana, Attorney At Law
Attn: Managing Officer/Agent
1650 Military Cutoff Rd, Suite 200
Wilmington, NC 28403

Cross Creek Land Company, LLC
Attn: Managing Officer/Agent
5019 Carolina Beach Road
Wilmington, NC 28412

Leggett & Platt, Incorporated
Attn: Managing Officer/Agent
PO Box 140
Linwood, NC 27299

American Express Centurion Bank
Attn: Managing Officer/Agent
PO Box 981537
El Paso, TX 79998

Cross Creek Plaza, Inc.
Attn: Managing Officer/Agent
PO Box 53646
Fayetteville, NC 28303

Leggett & Platt, Incorporated
Attn: Managing Officer/Agent
160 Mine Lake Court, Suite 200
Raleigh, NC 27615

Ard's Container Service
Attn: Managing Officer/Agent
1101 1st Street, S.
Columbia, SC 29209

Cumberland County Tax Admin Office
Attn: Managing Officer/Agent
PO Box 449
Fayetteville, NC 28302

Nationwide P&C Insurance Co.
Attn: Managing Officer/Agent
One Nationwide Plaza
Columbus, OH 43215-2220

Brunswick County Revenue
Attn: Managing Officer/Agent
PO Box 580335
Charlotte, NC 28231

D.O. Smith Estate
Attn: Managing Officer/Agent
301 Park Lake Road
Columbia, SC 29223

New Hanover County Tax Office
Attn: Managing Officer/Agent
230 Government Center Dr, Suite 1
Wilmington, NC 28403

Capital One Bank
Attn: Managing Officer/Agent
PO Box 30285
Salt Lake City, UT 84130

Demetrious/Georgia/Theo Perivolaris
Attn: Mr. Steve Paris
DP Limited Partnership
1126 Offshore Drive
Fayetteville, NC 28305

North Carolina Dept. of Revenue
Attn: Bankruptcy Unit
PO Box 1168
Raleigh, NC 27602

Carthens Law Firm, PLLC
Attn: Managing Officer/Agent
804 Stamper Road, Suite 201
Fayetteville, NC 28303

Discover Financial Services - Sam's
Attn: Managing Officer/Agent
PO Box 30943
Salt Lake City, UT 84130-0943

Piedmont Natural Gas
Attn: Managing Officer/Agent
PO Box 33068
Charlotte, NC 28233

Chela Scott
c/o Britton Law, P.A.
2850 Village Drive, Suite 206
Fayetteville, NC 28304

Funding Metrics, LLC dba Quick Fix
Attn: Managing Officer/Agent
884 Town Center Drive
Langhorne, PA 19047

Plan A Advertising, LLC
Attn: Managing Officer/Agent
3724 Shipyard Blvd, Suite C
Wilmington, NC 28403

City of Columbia, SC - Tax Office
Attn: Managing Officer/Agent
1136 Washington St
Columbia, SC 29201

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101

Sealy, Inc.
Attn: Managing Officer/Agent
239 Sealy Drive
Trinity, NC 27370

Corsicana Bedding, Inc.
Attn: Managing Officer/Agent
PO Box 1050
Corsicana, TX 75151

Kenneth G. Lloyd
PO Box 10720
Wilmington, NC 28404-0720

Sealy, Inc.
Attn: Managing Officer/Agent
PO Box 932621
Atlanta, GA 31193

Sears Credit Cards
Attn: Managing Officer/Agent
PO Box 6282
Sioux Falls, SD 57117

Tempur-Pedic North America, LLC
Attn: Managing Officer/Agent
212 South Tryon St, Suite 1000
Charlotte, NC 28281-0001

Serta Simmons Bedding, LLC
Attn: Managing Officer/Agent
6540 Judge Adams Rd
Whitsett, NC 27377

The University of North Carolina
Attn: UNCW Director of Real Estate
601 S. College Road CB5918
Wilmington, NC 28403-5918

Serta Simmons Bedding, LLC
Attn: Managing Officer/Agent
160 Mine Lake Court, Suite 200
Raleigh, NC 27615-6417

Time Warner Cable
Attn: Managing Officer/Agent
PO Box 70872
Charlotte, NC 28272

Simmons Manufacturing Co., LLC
Attn: Managing Officer/Agent
One Concourse Parkway, Suite 800
Atlanta, GA 30328

Welch and Avery
Attn: Managing Officer/Agent
636 Court Street
Jacksonville, NC 28540

Simmons Manufacturing Co., LLC
Attn: Managing Officer/Agent
5100-R West Harris Blvd
Charlotte, NC 28269

Wells Fargo Bank
Attn: Managing Officer/Agent
PO Box 14517
Des Moines, IA 50306

Sonny D. Langley
210 Tanbridge Road
Wilmington, NC 28405

South Carolina Dept. of Revenue
Attn: Managing Officer/Agent
300A Outlet Pointe Boulevard
Columbia, SC 29210

SWM Investors
Attn: Managing Officer/Agent
301 Park Lake Road
Columbia, SC 29223

Tempur-Pedic North America, LLC
Attn: Managing Officer/Agent
PO Box 202707
Dallas, TX 75320

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LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Sonny D. Langley 210 Tanbridge Road Wilmington, NC 28405	Common stock	100%	Owner

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **July 4, 2017**Signature **/s/ Sonny D. Langley
Sonny D. Langley**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **A Goodnight Sleepstore, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

July 4, 2017

Date

/s/ Richard P. Cook

Richard P. Cook 37614

Signature of Attorney or Litigant

Counsel for **A Goodnight Sleepstore, Inc.**

Richard P. Cook. PLLC

dba Cape Fear Debt Relief

7036 Wrightsville Avenue, Suite 101

Wilmington, NC 28403

(910)399-3458 Fax:(877) 836-6822

CapeFearDebtRelief@gmail.com